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## Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs

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For Review Only

**Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs**

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**Declaration of interests**

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## ABSTRACT

**Background and Aims:** People who have recently injected drugs are a priority population in efforts to achieve hepatitis C virus (HCV) elimination. This study estimated the prevalence and number of people with recent injecting drug use living with HCV, and the proportion of people with recent injecting drug use among all people living with HCV infection at global, regional, and country-levels.

**Methods:** Data from a global systematic review of injecting drug use and HCV antibody prevalence among people with recent (previous year) injecting drug use were used to estimate the prevalence and number of people with recent injecting drug use living with HCV. These data were combined with a systematic review of global HCV prevalence to estimate the proportion of people with recent injecting drug use among all people living with HCV.

**Results:** There are an estimated 6.1 million [95% uncertainty interval (UI) 3.4-9.2] people with recent injecting drug use aged 15-64 years living with HCV globally (39.2% viraemic prevalence; UI 31.6-47.0), with the greatest numbers in East and Southeast Asia (1.5 million, UI 1.0-2.1), Eastern Europe (1.5 million, UI 0.7-2.4), and North America (1.0 million, UI 0.4-1.7). People with recent injecting drug use comprise an estimated 8.5% (UI 4.6-13.1) of all HCV infections globally, with the greatest proportions in North America (30.5%, UI 11.7-56.7), Latin America (22.0%, UI 15.3-30.4), and Eastern Europe (17.9%, UI 8.2-30.9).

**Conclusions:** Although about forty-percent of people with recent injecting drug use are living with HCV and almost nine percent of all HCV infections globally occur among people with recent injecting drug use, there is wide variation globally.

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**Key words:** HCV, PWID, IDU, injecting drug use, estimates, viraemic

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## INTRODUCTION

The World Health Organization (WHO) has set a goal to eliminate hepatitis C virus (HCV) as a global public health threat by 2030 (1). Between 2015 and 2030, WHO targets include reducing new HCV infections by 80%, the number of HCV deaths by 65%, and increasing HCV diagnoses from 20% to 90% and eligible persons receiving HCV treatment from <5% to 80%. People who inject drugs represent a priority population for HCV elimination, given the high prevalence and incidence in this group (2-7).

We previously estimated the global, regional, and country-level prevalence of HCV (viraemic infections) (8). In 2015, the global prevalence of HCV infection was estimated to be 1.0% (95% uncertainty interval 0.8–1.1), corresponding to 71.1 million (62.5–79.4) people living with HCV (8). We also estimated the global, regional, and country-level HCV antibody prevalence among people with recent injecting drug use (previous 12 months). Among the estimated 15.6 million [uncertainty intervals (UI) 10.2–23.7 million] people with recent injecting drug use aged 15–64 years globally, it is estimated that 52.3% (UI 42.4–62.1%) are HCV-antibody positive, representing 8.2 million people who have recently injected drugs (UI 4.7–12.4 million) with past or present HCV (7). Given that 25% of people spontaneously clear HCV infection (9), estimates are needed on the prevalence and numbers of people with recent injecting drug use who are living with HCV infection (viraemic infection).

There are no previous estimates at the global, regional, and country-levels of the HCV RNA (Ribonucleic acid) prevalence among people with recent injecting drug use, the number of people with recent injecting drug use who are living with HCV infection (HCV RNA detectable or viraemic), or the proportion of people with recent injecting drug use among all people living with HCV infection. These data are crucial to monitor progress of global HCV



elimination efforts and identify high-burden settings to enable appropriate targeting of prevention and treatment strategies to achieve the WHO HCV targets.

The aim of this study was to estimate the global HCV RNA prevalence (viraemic infections) among people who have recently injected drugs; the numbers of people with recent injecting drug use living with HCV infection; and the proportion of people who have recently injected drugs among all people living with HCV at global, regional, and country-levels.

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## Methods

### Study design and procedures

This analysis utilized data from two published studies. The first study was a systematic review to estimate the number of people with recent injecting drug use and the HCV antibody (anti-HCV) prevalence among people who have recently (previous 12 months) injected drugs (10). The second study was a systematic review and modelling study to estimate the global viraemic HCV prevalence (8).

The first systematic review estimated global, regional, and country-level prevalence of injecting drug use among people aged 15–64 years; and the prevalence of HIV, HCV, and hepatitis B virus (HBV) among people with recent injecting drug use in 2015 (7). This review was performed consistent with the GATHER and PRISMA guidelines. Multiple search strategies (7) were used to identify papers and reports published since previous reviews of IDU prevalence (from 2008) (11) and of HCV amongst PWID (from 2011) (12). Without language restrictions, peer-reviewed databases (MEDLINE, Embase, and PsycINFO), and grey literature were systematically searched, and data requests disseminated to international experts and agencies. We searched for data on IDU prevalence, and the prevalence of HIV, HCV, and HBV among people with recent injecting drug use. Eligible data on prevalence of IDU, HIV antibody, HBsAg, and HCV antibody among PWID were selected and, where multiple estimates were available, pooled for each country via random effects meta-analysis. Data on HCV RNA prevalence among people with recent injecting drug use were also extracted. Global, regional, and country-level estimates of the HCV antibody (anti-HCV) prevalence among people with recent injecting drug use were used for the current study (7).

The second systematic review estimated global, regional, and country-levels viraemic HCV prevalence in 2015 (8). Data published between January 1, 2000 and March 31, 2016 were identified through searches of electronic peer-reviewed literature databases, PubMed and Embase (8). Non-indexed government reports, personal communication with country experts, and additional studies identified through manual searches of references noted in publications were included where better data were not available. Articles were scored on the degree to which they could be extrapolated to the general population, the sample size, and the year of analysis. A Microsoft Excel-based (version 2007) Markov-type model was populated with the highest-scoring epidemiological data for each country, used to estimate HCV prevalence over time (including in 2015). A Delphi process was used to gain country expert consensus and validate inputs. Further details of data extraction, scoring of data sources, Delphi process, and modelling, have been published (8). Global, regional, and country-level estimates of the numbers of people with viraemic HCV infection were used for the current study (7).

### **Statistical Analysis**

First, we sought to estimate the prevalence of viraemic HCV infection (detectable HCV RNA) among people with recent injecting drug use at global, regional, and country-levels. As shown in Table 1, 48% (98 of 206) of countries had available data on HCV antibody prevalence among people with recent injecting drug use (n=374 studies) as compared to only 9% (19 of 206) of countries with available data on HCV RNA prevalence among people with recent injecting drug use (n=32 studies). Compared to studies of HCV antibody prevalence among people with recent injecting drug use (n=374), studies of HCV RNA prevalence among people with recent injecting (n=32), were less often estimate grade A (multi-site seroprevalence study with >1 sample types) (6.3% vs. 21.9%) and national samples (20.6% vs. 6.2%). Given the poor availability of data on HCV RNA prevalence, we sought to

estimate the HCV viraemic proportion (those living with HCV infection) by using estimates of the prevalence of HCV antibodies among people with recent injecting drug use within each country (7) and multiplying by an estimate of the proportion developing viraemic HCV infection (9). The proportion with viraemic HCV infection among those who were HCV antibody positive [75%; 95% confidence interval (CI) 71%, 79%] was estimated using data from a well-characterized merged dataset of nine international cohorts of people who had recently injected drugs who had acquired acute HCV infection and were followed prospectively for spontaneous HCV clearance and viraemic infection (9). The number of people with recent injecting drug use with viraemic HCV infection was then estimated by multiplying the number of people with recent injecting drug use by the HCV viraemic prevalence.

95% uncertainty intervals (UI) were estimated using Monte Carlo simulation taking 100,000 draws. A binomial distribution was used because the parameters of interest were proportions (product of IDU proportion among population and HCV proportion among PWID). Estimated sample sizes were derived based on the 95% CIs and standard errors of proportion estimates in each country. The simulated UIs incorporated the uncertainty of estimates.

Following the collation of country-specific estimates, estimates of regional and global viraemic HCV infection among people with recent injecting drug use were derived. Region-specific, weighted estimates of the prevalence of HCV were made using all the observed estimates and 95% CI of estimates in each country within that region and deriving a weighted estimate and UI taking into account country population size. Regional estimates were then used to estimate the global prevalence.

The proportion of people with recent injecting drug use among all people living with HCV infection was computed by dividing the total number of people with recent injecting drug use living with HCV by the total number of all people living with HCV for countries where both estimates were available. As above, 95% UIs were simulated taking 100,000 draws carrying forward the standard errors for both people with recent injecting drug use living with HCV and the total HCV viraemic infection prevalence estimates.

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## RESULTS

Sufficient data were identified to enable estimates of the HCV viraemic prevalence among people with recent injecting drug use in 98 countries, and to estimate the population size of people with recent injecting drug use living with HCV in 76 countries. Sufficient data were identified to enable estimates of the number of people living with HCV overall in 98 countries. There were sufficient data to estimate the number of people with recent injecting drug use as a proportion of all people living with HCV in 55 countries.

Results are shown by region in Table 2 and by country in Table 3. Globally, we estimate that in 2015, 39.2% (UI 31.6-47.0) of people with recent injecting drug use have HCV viraemic infection, representing 6.1 million (UI 3.4-9.2) people with recent injecting drug use living with HCV infection globally. Of the 71.1 million (UI 62.5-79.4 million) people living with HCV infection (Table 2), we estimate that 8.5% (UI 4.6-13.1) are people with recent injecting drug use (Table 2).

At the regional level, HCV viraemic prevalence among people with recent injecting drug use varied from 16.3% (UI 12.7-20.1) in Sub-Saharan Africa to 48.6% (UI 42.0-55.2) in Eastern Europe (Table 2). The largest estimated numbers of people with recent injecting drug use living with HCV infection were in East and Southeast Asia (1.5 million, UI 1.0-2.1), Eastern Europe (1.5 million, UI 0.7-2.4), and North America (1.0 million, UI 0.4-1.7). The proportion of people with recent injecting drug use among all people living with HCV infection ranged from 1.5% (UI 0.7-2.4) in the Middle East and North Africa to 30.5% (UI 11.7-56.7) in North America (Table 2). Regions with people with recent injecting drug use comprising >10% of all people living with HCV infection included Latin America (22.0%, UI 15.3-30.4), Eastern

Europe (17.9%, UI 8.2-30.9), Australasia (17.7%, UI 12.1-25.2), Caribbean (16.7%, 8.9-30.6), and Western Europe (17.2%, UI 9.9-30.4).

At the country-level, there was very marked variation in the estimates of HCV viraemic prevalence between countries, ranging from 0.5% (UI 0.0-1.4; Maldives) to 72.8% (UI 68.8-76.7; Mauritius) [Figure 1 and Table 3]. The HCV viraemic prevalence was 60–80% in 10 countries, 40–<60% in 38 countries, and <40% in 50 countries. The largest populations of people with recent injecting drug use living with HCV infection were in Russia (969,500; UI 463,000-1,570,500), the United States (895,000; UI 353,500-1,601,500), China (828,000; UI 493,000, 1,228,500), and Brazil (461,000, UI 336,500-596,500) [Figure 2 and Table 3]; together, these countries accounted for 51% of people with recent injecting drug use living with HCV infection. The top 25 countries accounting for 82% of all people with recent injecting drug use living with HCV infection globally are shown in Figure 3. The proportion of people with recent injecting drug use among all people living with HCV infection varied between 0.9% (UI 0.4-3.0; India) and 46.6% (UI 22.1-100.0; Commonwealth of Puerto Rico) [Figure 4 and Table 3]. The proportion of people with recent injecting drug use among all people living with HCV infection was <10% in 21 countries,  $\geq 10$ -<20% in 11 countries, and  $\geq 20$ % in 23 countries.

## DISCUSSION

This study estimated that there are 6.1 million (UI 3.4-9.2) people with recent injecting drug use living with HCV infection worldwide, comprising 8.5% (UI 4.6-13.1) of all HCV infections globally. There was considerable variation in the prevalence of HCV infection among people with recent injecting drug use at regional and country-levels, and in the proportion of all HCV infection that is among people with recent injecting drug use. These findings highlight countries and regions where a focus on HCV prevention and treatment among people with recent injecting drug use will be required, if HCV elimination targets are to be met.

The greatest numbers of people with recent injecting drug use living with HCV infection are in Eastern Europe, East and Southeast Asia, and North America. Half of all people with recent injecting drug use living with HCV infection are from just four countries: the Russian Federation, the United States, China, and Brazil. Further, the top 25 countries account for 82% of all people with recent injecting drug use living with HCV infection globally. Although PWID are a critical population for HCV elimination in many settings, concerted efforts to increase access to prevention and treatment for people with recent injecting drug use in these countries will be pivotal to the success of global HCV elimination efforts. Key among these will be harm reduction measures to prevent incident infections (13), and increased testing, linkage to care and uptake of directly-acting antiviral therapy among people with recent injecting drug use (14, 15).

Countries or territories where it is estimated that at least one-third of people living with HCV infection are people with recent injecting drug use include Georgia, Austria, Finland, Malaysia, and Puerto Rico. In a further 16 countries, at least one-quarter of people living with



HCV infection are people with recent injecting drug use. However, there are also 21 countries where the proportion of people living with HCV are people with recent injecting drug use is <10%. Collectively, these data highlight the variation in the proportion of overall viraemic HCV infection occurring among people with recent injecting drug use globally, reflecting the differing epidemiology of HCV in different settings. As such, different types of prevention, testing, and treatment strategies will be needed to address HCV elimination targets according to the epidemiology within a given country. It should also be noted that there were 124 countries and territories where injecting drug use is known to occur, but no data were available to assess the proportion of people with HCV infection who are people with recent injecting drug use.

This study was limited to estimates among people with recent injecting drug use and will not include those who have even ‘temporarily’ or permanently ceased injecting. As such, this study underestimates the proportion of infections that occur among people who inject drugs within an overall epidemic, given that some infections due to injecting drug use will be among people with a history of injecting who have ceased injecting. It is critical to consider people who have recently injected drugs as well as those who have ceased injecting in the design of strategies to address HCV.

There are several limitations to this study. The search may have missed some literature (particularly grey literature), despite our wide scope of online searches and requests for information from people across many countries. To address this possibility, we liaised with the WHO, Global Fund, UNODC and UNAIDS staff to contact experts within countries and obtain reports that were not available online. However, we doubt that any missed papers will alter these findings in a meaningful fashion.

Errors may have been made in data extraction and interpretation. To reduce such errors, all sources and data from which the final estimates were derived were double-checked by at least two reviewers prior to inclusion with a further round prior to finalisation with a third reviewer. We have online interactive presentations of these data at *[URL to be provided]* to ensure full transparency and to increase the potential for people to interact with the estimates and results, and suggest additional data sources. We encourage feedback at [global.reviews@unsw.edu.au](mailto:global.reviews@unsw.edu.au).

Although the review team searched for publications in multiple languages, we may have missed documents in languages in which we are not fluent. Those with access to data or papers/reports in other languages should contact us. It is also important to acknowledge a number of features of our approach to synthesis and imputation of estimates, driven by the gaps in data available. Although there has been a clear increase in efforts to quantify the extent of IDU and HCV among PWID, there are still major gaps in data in some regions. A hierarchical grading system was used to evaluate estimates based on geographical generalisability (e.g., from multiple sites) and across various populations of PWID (e.g., treatment and non-treatment samples). Exclusion of estimates based on a study's methodology grade was only applied to estimates of IDU and anti-HCV prevalence. Nonetheless, our recent approach, which involved pooling estimates, and our more sophisticated approach to estimating uncertainty around all our estimates, including our method of estimating uncertainty around imputed estimates, are both improvements upon previous reviews.

A limitation is the lack of country-level data to estimate the viraemic HCV prevalence (98 countries), numbers of people living with HCV (76 countries) and the proportion among the overall population living with HCV among people with recent injecting drug use (55 countries). Data were sparse in regions such as the Caribbean, Latin America, Pacific Island States & Territories, Sub Saharan Africa, and the Middle East and North Africa. The estimates for these regions should be interpreted with caution and highlights that further work is needed to improve estimates in countries from these regions.

In this study, data on HCV antibody prevalence [multiplied by an estimate of the proportion of people with HCV antibodies who would have active viraemia, 0.75 (95% CI, 0.71, 0.79)] was used to estimate the viraemic HCV prevalence, instead of actual data on HCV RNA prevalence. We opted for this approach because the data on HCV antibody prevalence was of higher quality and coverage, and there were few countries for which any data were available for HCV RNA (Table 1). Instead, we used data on the estimated viraemic prevalence from a well-defined series of nine prospective cohorts of acute HCV infection among people who inject drugs with well-characterized events of spontaneous clearance (9). Although this provides a very accurate estimate of the proportion who progress to viraemic infection, the limitation is that this approach may have either over-estimated or under-estimated the true prevalence of viraemic infection in people with recent injecting drug use in various settings. In some regions, increased reinfection risk and/or higher HIV prevalence may result in a higher viraemic prevalence and our approach may have underestimated the viraemic prevalence (16). Conversely, it is known that some factors (e.g. female sex) increase spontaneous clearance and can reduce the viraemic prevalence, which might have overestimated the viraemic prevalence observed. Also, these analyses did not take into consideration clearance due to HCV treatment, which might have led to an overestimation of

the prevalence and numbers of people with recent injecting drug use living with HCV infection. However, this is also unlikely to have affected these estimates as uptake of HCV treatment among PWID was very low prior to 2015 (17-21). This study clearly demonstrates the need to integrate HCV RNA testing into future studies of HCV among people with recent injecting drug use to enable the evaluation of viraemic HCV RNA prevalence to improve national, regional and global estimates, particularly given that larger numbers of PWID are initiating HCV treatment (and will be anti-HCV positive, but HCV RNA negative).

Denominator data are also subject to limitations. General population data may be in error for some countries where accurate census data are lacking. Population sizes of people with recent injecting drug use were based on the best available empirical estimates for each country, but there is often considerable uncertainty around estimates of this population, which translates to uncertainty in estimates of the number of PWID with HCV infection and the proportion of HCV infections occurring among people with recent injecting drug use. Estimates of HCV viraemia in people with recent injecting drug use incorporated the uncertainties in the IDU population size, anti-HCV prevalence estimate, and viraemia multiplier. However, estimates of the prevalence of recent IDU and of HCV prevalence both in people with recent injecting drug use and in the general population are subject to biases, which may be responsible for some estimates that do not seem correct. Further, the extracted data was often from a single year and changes in injecting drug user populations and HCV incidence could not be measured. This highlights the importance of continuing to improve country-level estimates of people with recent injecting drug use and those with viraemic HCV infection.

Irrespective of these limitations, this review advances our understanding of HCV prevalence and disease burden among people with recent injecting drug use. Accurate estimates of the

prevalence and burden of viraemic HCV infection among people with recent injecting drug use are crucial to guide policy and practice and guide the development of strategies to enhance testing, linkage to care and treatment in this population. This review highlights that concerted efforts will be required in countries with large numbers of people infected with HCV to achieve global HCV elimination among PWID. Further, it highlights that strategies to achieve a reduction in HCV burden will need to be tailored to the individual country, based on the HCV epidemiology and the proportion of overall infections occurring in people with recent injecting drug use. Collectively, these data will inform mathematical modelling to identify strategies to increase diagnosis, treatment and reduce the number of new infections to achieve HCV elimination at a country level. Further work is needed to better understand the population size of people with a history of injecting drug use and the prevalence of viraemic HCV infection and burden in those with former, but not recent, injecting drug use.

## Contributors

LD conceived of the scope of the people with recent injecting drug use review with SL, MH, AP, JG, and PV. SB and HR conceived of the scope of the global HCV review with input from The Polaris Observatory HCV Collaborators. JG, SL, and LD conceived of the scope of this study with AP, SC, MH, and PV. Screening and review was done by LD, AP, SL, JL, MH, and SB. SC, KD, JL, EBC, JG, JS, and AT had additional roles overseeing and conducting the data extraction and verification. The approach to selection and pooling of all data was developed and agreed on by LD, MH, SL, AP, JG, JL, PV, and ML. Data analysis and estimate generation were done by SC, JL, JS, AT, AP, SB, HR, and LD. Maps were generated by EBC with assistance from SC. JG drafted the first iteration of manuscript with assistance from SL, AP, JL, and LD. All authors made substantial contributions to the critical review, editing, and revision of the manuscript. All authors approved the final version of the manuscript.

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**Table 1: Quality of evidence of countries with available HCV antibody prevalence and HCV RNA prevalence data among recent PWID**

	HCV antibody prevalence among recent PWID (n=374)	HCV RNA prevalence among recent PWID (n=32)
<b>Countries with available data</b>	98/206 (47.6%)	19/206 (9.2%)
<b>Estimate grade*</b>		
A	82 (21.9%)	2 (6.3%)
B1	225 (60.2%)	20 (62.5%)
B2	13 (3.6%)	1 (3.1%)
C	54 (14.4%)	8 (25.0%)
U	-	1 (3.1%)
<b>Geographic coverage</b>		
National sample	77 (20.6%)	2 (6.2%)
Sub-national sample	87 (23.3%)	11 (34.4%)
City sample	210 (56.1%)	19 (59.4%)
<b>Literature type<sup>#</sup></b>		
A1	128 (34.2%)	30 (93.75%)
A2	4 (1.1%)	-
B2	147 (39.3%)	-
B3	81 (21.7%)	-
C	8 (2.2%)	2 (6.25%)
D	6 (1.6%)	-

Grading for estimate grade: A - Multi-site seroprevalence study with >1 sample types (e.g. needle-syringe programmes, drug treatment centres, incarcerated IDUs), B1 - Seroprevalence study, single sample type and multiple sites; B2 - Seroprevalence study, multiple sample types and a single site; C - Seroprevalence study, single sample type; D - Registration or notification of cases of hepatitis/HIV infection; E - Prevalence study using self-reported hepatitis/HIV status; Ungraded - Estimate with methodology unknown. <sup>#</sup>Grading for literature type: A1 - Peer-reviewed journal article; A2 - Abstract of published article only; B1 - Published book/report/monograph from scholarly or commercial publisher; B2 - Published book/report/monograph from international governmental or monitoring organisation (e.g. UN, WHO, EMCDDA); B3 - Published book/report/monograph from other source (e.g. Government, NGO, university, research centre); C - Conference abstract; D - Other unpublished report (incl. Website downloads); E - Email and private correspondence; F - ARQ.

**Table 2: Regional and global estimates of the prevalence of HCV viraemic infection among people with recent injecting drug use, the number of people with recent injecting drug use living with HCV viraemic infection, the total population living with HCV viraemic infection and the proportion of people with recent injecting drug use among the total population with HCV viraemic infection**

	Prevalence of HCV viraemic infection among people with recent injecting drug use % (UI)	Number of people with recent injecting drug use living with HCV viraemic infection (UI)	Total population living with HCV viraemic infection (UI)	Proportion of people with recent injecting drug use among the total population with HCV viraemic infection % (UI)
Eastern Europe	48.6 (42.0, 55.2)	1,466,500 (699,500, 2,377,000)	8,181,000 (6,304,000, 8,250,000)	17.9 (8.2, 30.9)
Western Europe	39.9 (35.7, 44.1)	402,500 (264,500, 557,000)	2,347,000 (1,969,000, 3,289,000)	17.2 (9.9, 30.4)
East and Southeast Asia	37.7 (28.2, 47.5)	1,506,000 (1,019,500, 2,078,500)	16,313,000 (12,636,000, 17,242,000)	9.2 (5.8, 13.8)
South Asia	28.9 (13.4, 47.5)	296,000 (114,500, 518,000)	15,617,500 (13,341,000, 20,182,000)	1.9 (0.7, 3.6)
Central Asia	40.5 (36.5, 44.5)	114,000 (69,000, 165,000)	2,516,000 (2,010,000, 2,749,000)	4.5 (2.6, 6.9)
Caribbean	47.6 (40.2, 55.1)	37,500 (22,500, 55,000)	225,500 (183,000, 315,000)	16.7 (8.9, 30.6)
Latin America	46.4 (43.1, 49.8)	846,000 (617,500, 1,092,500)	3,854,000 (3,131,000, 3,948,000)	22.0 (15.3, 30.4)
North America	40.5 (29.2, 51.7)	960,000 (398,000, 1,679,500)	3,148,000 (2,429,000, 4,034,000)	30.5 (11.7, 56.7)
<i>Pacific Island states &amp; terr<sup>1</sup></i>	41.4 (32.4, 50.5)	9,000 (5,500, 14,000)	117,500 (101,000, 376,000)	7.9 (1.9, 11.1)
Australasia	42.8 (38.9, 46.8)	49,500 (35,500, 65,000)	278,500 (220,000, 297,000)	17.7 (12.1, 25.2)
Sub-Saharan Africa	16.3 (12.7, 20.1)	225,000 (45,500, 458,500)	9,835,000 (7,605,000, 15,112,000)	2.3 (0.5, 5.9)
Middle East & North Africa	36.1 (29.2, 43.2)	126,000 (65,000, 199,500)	8,625,500 (6,838,000, 9,155,000)	1.5 (0.7, 2.4)
<b>Global</b>	39.2 (31.6, 47.0)	6,063,500 (3,434,500, 9,246,000)	71,146,000 (62,472,000, 79,404,000)	8.5 (4.6, 13.1)

Notes:

PWID – people who inject drugs; HCV - Hepatitis C virus; UI - uncertainty interval (see methods for details of estimation).

Number of people with recent injecting drug use with viraemic HCV infection are rounded to the nearest 500.

Total population number with viraemic HCV infection are rounded to the nearest 1,000.

- Note that no estimates of the prevalence of anti-HCV among people who inject drugs have been located for the Pacific Islands and Territories, so the weighted observed global prevalence was used here. Considerable caution should be used with these estimates.

**Table 3: Country-level estimates of the prevalence of HCV viraemic infection among people with recent injecting drug use, the number of people with recent injecting drug use living with HCV viraemic infection, the total population living with HCV viraemic infection and the proportion of people with recent injecting drug use among the total population with HCV viraemic infection**

Region and country	Prevalence of HCV viraemic infection among people with recent injecting drug use % (UI)	Number of people with recent injecting drug use living with HCV viraemic infection (UI)	Total population living with HCV viraemic infection (UI)	Proportion of people with recent injecting drug use among the total population with HCV viraemic infection % (UI)
<b>Eastern Europe</b>				
Armenia	32.0 (22.0,42.3)	4,000 (1,500, 8,500)	NK	NG
Azerbaijan	46.6 (34.9,58.0)	20,000 (14,000, 27,000)	190,000 (125,000, 212,000)	10.6 (7.3,17.3)
Belarus	43.7 (32.3,55.1)	18,000 (7,000, 31,500)	NK	NG
Bosnia & Herzegovina	30.0 (20.7,39.5)	NK	NK	NK
Bulgaria	51.5 (47.3,55.8)	9,500 (7,500, 11,500)	87,000 (46,000, 112,000)	11.0 (6.9,20.4)
Czech Republic	13.7 (10.9,16.7)	6,500 (5,000, 8,000)	43,000 (22,000, 48,500)	15.0 (9.2,28.6)
Estonia	59.4 (49.8,68.4)	5,000 (2,500, 8,500)	18,000 (11,500, 20,000)	28.2 (12.6,53.0)
Georgia	51.8 (42.9,60.5)	59,500 (12,500, 119,500)	165,000 (120,000, 169,000)	36.1 (7.4,76.9)
Hungary	35.0 (22.9,47.2)	1,500 (500, 2,500)	52,500 (28,500, 55,500)	2.7 (1.1,5.6)
Latvia	55.8 (49.8,61.7)	8,000 (6,000, 10,000)	43,000 (28,000, 50,000)	18.1 (11.8,29.1)
Lithuania	30.8 (28.1,33.7)	1,500 (500, 2,500)	32,500 (20,000, 38,500)	4.5 (2.0,8.6)
Moldova	37.5 (25.5,49.7)	4,500 (2,500, 7,000)	NK	NG
Poland	44.0 (40.5,47.6)	NK	184,000 (136,000, 224,000)	NK
Romania	62.9 (58.7,67.0)	51,000 (36,000, 67,500)	547,000 (397,000, 566,000)	9.3 (6.0,14.2)
Russian Federation	51.6 (44.2,58.9)	969,500 (463,000, 1,570,500)	4,748,000 (3,238,000, 4,960,000)	20.4 (9.6,37.2)
Slovakia	42.1 (26.6,57.7)	8,500 (3,500, 14,500)	33,000 (20,000, 37,500)	25.4 (9.6,52.0)
Ukraine	40.4 (36.3,44.6)	129,000 (54,000, 222,000)	NK	NG
<b>Western Europe</b>				
Albania	25.5 (20.1,31.1)	1,500 (1,000, 2,500)	NK	NG
Andorra	NK	NK	NK	NK
Austria	45.7 (40.6,50.9)	8,500 (6,000, 11,500)	21,000 (6,000, 30,500)	40.2 (20.1,100.0)
Belgium	43.8 (34.9,52.6)	11,500 (7,000, 16,500)	64,500 (23,000, 75,500)	17.8 (8.7,45.8)
Croatia	27.5 (21.0,34.2)	1,500 (1,000, 2,500)	26,000 (16,500, 28,500)	6.7 (4.0,11.3)
Denmark	31.9 (26.8,37.2)	5,500 (4,000, 6,500)	19,500 (14,500, 19,500)	27.2 (18.8,39.5)
England	23.1 (20.0,26.3)	48,500 (41,500, 56,000)	168,000 (91,000, 211,000)	28.9 (18.8, 51.8)
Finland	55.2 (51.2,59.4)	9,500 (7,000, 12,500)	22,500 (16,000, 26,000)	41.6 (27.4,62.8)
France	48.0 (44.5,51.5)	39,500 (31,500, 47,500)	194,000 (92,500, 222,000)	20.2 (12.4,40.1)
FYR (Form. Yug. Rep) Macedonia	46.6 (43.4,49.9)	2,500 (1,500, 3,000)	NK	NK
Germany	48.7 (44.6,53.0)	64,000 (13,500, 129,000)	205,000 (90,000, 313,000)	31.3 (6.2,80.6)
Greece	49.2 (45.4,53.1)	2,500 (2,000, 3,000)	132,000 (82,000, 169,000)	1.9 (1.2,3.1)
Greenland	--	--	NK	--
Iceland	47.3 (43.8,50.8)	NK	1,000 (1,000, 1,000)	NK
Ireland	56.0 (52.5,59.4)	5,000 (3,500, 6,000)	29,500 (20,000, 42,500)	16.2 (10.0,28.9)
Italy	43.4 (38.8,48.1)	148,500 (98,500, 205,000)	680,000 (455,000, 1,641,000)	21.8 (7.6,33.9)
Liechtenstein	--	--	NK	--
Luxembourg	61.0 (55.9,66.1)	1,500 (1,000, 1,500)	5,500 (3,500, 6,000)	25.2 (16.6,41.1)
Malta	18.9 (10.4,28.4)	NK	1,000 (1,000, 1,500)	NK
Monaco	NK	NK	NK	NK
Montenegro	32.6 (29.4,35.9)	NK	NK	NK
Netherlands	41.5 (36.7,46.3)	1,500 (1,000, 2,000)	16,500 (5,000, 25,500)	8.3 (4.2,22.9)
Northern Ireland	NK	NK	NK	NK
Norway	48.6 (44.5,52.8)	4,000 (3,500, 5,000)	21,000 (15,000, 24,500)	19.4 (13.8,28.1)
Portugal	65.8 (59.1,72.2)	10,500 (9,000, 12,000)	89,000 (74,000, 120,000)	11.7 (8.2,18.1)
San Marino	NK	NK	NK	NK
Scotland	39.1 (33.8,44.5)	6,000 (5,000, 7,500)	NK	NG
Serbia	19.4 (16.5,22.6)	5,500 (4,500, 7,000)	NK	NG
Slovenia	22.9 (19.6,26.2)	1,500 (1,000, 2,000)	6,500 (4,500, 7,000)	21.3 (13.3,33.5)
Spain	53.3 (50.2,56.3)	5,500 (2,000, 9,500)	386,000 (202,000, 620,000)	1.4 (0.5,3.6)
Sweden	61.3 (57.6,64.9)	5,000 (<500, 20,000)	37,500 (28,000, 43,500)	13.3 (0.0,46.6)
Switzerland	55.9 (51.0,60.9)	7,500 (6,000, 9,500)	78,000 (45,500, 87,000)	9.7 (6.3,16.7)
Wales	20.1 (17.2,23.0)	NK	NK	NK
<b>East and South East Asia</b>				

Region and country	Prevalence of HCV viraemic infection among people with recent injecting drug use % (UI)	Number of people with recent injecting drug use living with HCV viraemic infection (UI)	Total population living with HCV viraemic infection (UI)	Proportion of people with recent injecting drug use among the total population with HCV viraemic infection % (UI)
Brunei Darussalam	NK	NK	NK	NK
Cambodia	NK	NK	257,000 (147,000, 272,000)	NK
China	32.3 (20.8,44.3)	828,000 (493,000, 1,228,500)	9,795,000 (6,675,000, 10,832,000)	8.5 (4.6,14.3)
Indonesia	66.9 (62.2,71.5)	127,500 (103,000, 153,000)	1,289,000 (443,000, 2,046,000)	9.9 (5.5,24.9)
Japan	48.6 (40.8,56.3)	179,000 (130,500, 234,500)	857,000 (364,000, 1,024,000)	20.9 (11.7,46.5)
Lao PDR	NK	NK	NK	NK
Malaysia	50.3 (46.2,54.5)	142,000 (116,000, 169,500)	382,000 (240,000, 405,000)	37.1 (25.2,59.2)
Mongolia	NK	NK	194,000 (131,000, 237,000)	NK
Myanmar	22.2 (19.9,24.5)	38,500 (25,500, 53,000)	NK	NG
North Korea	--	--	NK	--
Philippines	26.4 (12.8,41.6)	6,500 (3,000, 11,500)	614,000 (353,000, 651,000)	1.1 (0.4,2.3)
Republic of Korea	36.3 (31.7,41.0)	NK	231,000 (148,000, 261,000)	NK
Singapore	31.9 (28.9,35.0)	NK	NK	NK
Taiwan	68.2 (64.4,72.0)	NK	489,000 (310,000, 877,000)	NK
Thailand	66.4 (60.6,71.9)	34,000 (12,500, 60,000)	463,000 (255,000, 487,000)	7.4 (2.6,16.1)
Timor Leste	NK	NK	NK	NK
Viet Nam	43.8 (31.8,55.7)	70,500 (47,000, 98,000)	1,066,000 (580,000, 1,116,000)	6.6 (3.7,12.5)
<b>South Asia</b>				
Afghanistan	28.4 (20.7,36.3)	39,500 (23,000, 60,000)	183,000 (85,000, 258,000)	21.5 (10.5,46.9)
Bangladesh	25.4 (16.9,34.4)	17,500 (11,500, 24,000)	NK	NG
Bhutan	NK	NK	NK	NK
India	30.0 (25.2,34.9)	59,000 (38,000, 84,000)	6,245,000 (4,748,000, 10,957,000)	0.9 (0.4,3.0)
Iran	33.1 (21.4,45.2)	52,000 (29,500, 81,000)	199,000 (129,000, 226,000)	26.2 (13.2,47.0)
Maldives	0.5 (0.0,1.4)	<500 (<500, <500)	NK	NG
Nepal	33.4 (23.1,43.8)	12,000 (8,000, 15,500)	NK	NG
Pakistan	27.4 (0.0,60.6)	116,000 (<500, 173,500)	7,172,000 (5,363,000, 7,487,000)	1.6 (0.7,3.6)
Sri Lanka	NK	NK	NK	NK
<b>Central Asia</b>				
Kazakhstan	44.1 (39.8,48.4)	49,500 (30,000, 71,500)	508,000 (334,000, 572,000)	9.8 (5.4,16.7)
Kyrgyzstan	32.9 (29.9,36.0)	9,500 (5,500, 13,500)	NK	NG
Tajikistan	46.0 (41.9,50.2)	11,000 (6,500, 15,500)	NK	NG
Turkmenistan	NK	NK	NK	NK
Uzbekistan	38.8 (34.7,43.0)	36,500 (22,500, 53,000)	1,292,000 (902,000, 1,524,000)	2.8 (1.6,4.6)
<b>Caribbean</b>				
Antigua & Barbuda	--	--	NK	--
Bahamas	NK	NK	NK	NK
Barbados	--	--	NK	--
Bermuda	NK	NK	NK	NK
Comm. of Puerto Rico	58.8 (53.9,63.7)	16,500 (10,000, 24,000)	35,500 (23,000, 60,500)	46.6 (22.1,100.0)
Cuba	--	--	35,000 (13,500, 77,000)	--
Dominica	--	--	NK	--
Dominican Republic	NK	NK	68,000 (41,500, 108,000)	NK
Grenada	--	--	NK	--
Haiti	NK	NK	NK	NK
Jamaica	NK	NK	NK	NK
Saint Kitts & Nevis	--	--	NK	--
Saint Lucia	--	--	NK	--
St Vincent & the Grenadines	--	--	NK	--
Trinidad & Tobago	--	--	NK	--
<b>Latin America</b>				
Argentina	41.0 (37.5,44.4)	33,000 (30,000, 36,000)	326,000 (144,000, 490,000)	10.1 (6.3,21.0)
Belize	--	--	NK	--
Bolivia	NK	NK	NK	NK
Brazil	47.9 (44.3,51.5)	461,000 (336,500, 596,500)	1,787,000 (1,293,000, 1,896,000)	25.8 (17.2,38.5)
Chile	NK	NK	56,500 (31,000, 94,000)	NK
Colombia	21.6 (19.3,24.0)	NK	409,000 (272,000, 436,000)	NK
Costa Rica	NK	NK	NK	NK
Ecuador	NK	NK	NK	NK
El Salvador	NK	NK	NK	NK
Guatemala	NK	NK	NK	NK
Guyana	NK	NK	NK	NK
Honduras	NK	NK	NK	NK
Mexico	71.5 (67.3,75.5)	107,500 (70,500, 149,000)	532,000 (304,000, 557,000)	20.2 (11.4,37.2)

Region and country	Prevalence of HCV viraemic infection among people with recent injecting drug use % (UI)	Number of people with recent injecting drug use living with HCV viraemic infection (UI)	Total population living with HCV viraemic infection (UI)	Proportion of people with recent injecting drug use among the total population with HCV viraemic infection % (UI)
Nicaragua	NK	NK	NK	NK
Panama	NK	NK	12,500 (7,500, 13,500)	NK
Paraguay	7.4 (5.8,9.0)	NK	NK	NK
Peru	NK	NK	167,000 (99,000, 182,000)	NK
Suriname	NK	NK	NK	NK
Uruguay	16.4 (14.1,18.9)	1,000 (<500, 2,500)	NK	NG
Venezuela	NK	NK	118,000 (58,500, 126,000)	NK
<b>North America</b>				
Canada	52.9 (44.5,61.2)	65,000 (50,000, 82,000)	212,000 (136,000, 246,000)	30.7 (20.2,49.3)
United States	39.8 (28.4,51.3)	895,000 (353,500, 1,601,500)	2,936,000 (2,231,000, 3,826,000)	30.5 (10.9,58.9)
<b>Pacific Island States &amp; Terr.</b>				
American Samoa	NK	NK	NK	NK
Fed. States of Micronesia	NK	NK	NK	NK
Fiji	NK	NK	500 (<500, 3,000)	NK
French Polynesia	NK	NK	NK	NK
Guam	NK	NK	NK	NK
Kiribati	NK	NK	NK	NK
Marshall Islands	NK	NK	NK	NK
Nauru	--	--	NK	--
New Caledonia	NK	NK	NK	NK
Northern Mariana Islands	NK	NK	NK	NK
Palau	NK	NK	NK	NK
Papua New Guinea	NK	NK	94,500 (70,500, 328,000)	NK
Samoa	NK	NK	<500 (<500, <500)	NK
Solomon Islands	NK	NK	NK	NK
Tonga	NK	NK	NK	NK
Tuvalu	--	--	NK	--
Vanuatu	NK	NK	NK	NK
<b>Australasia</b>				
Australia	40.1 (36.9,43.5)	37,500 (27,500, 48,500)	230,000 (178,000, 244,000)	16.2 (11.1,23.2)
New Zealand	53.9 (46.8,61.1)	12,000 (8,000, 16,500)	48,500 (30,000, 62,500)	25.0 (14.7,42.9)
<b>Sub Saharan Africa</b>				
Angola	NK	NK	NK	NK
Benin	NK	NK	NK	NK
Botswana	--	--	NK	--
Burkina Faso	NK	NK	247,000 (189,000, 256,000)	NK
Burundi	NK	NK	120,000 (93,000, 459,000)	NK
Cameroon	NK	NK	164,000 (117,000, 184,000)	NK
Cape Verde	NK	NK	NK	NK
Central African Republic	--	--	15,500 (11,000, 17,500)	--
Chad	NK	NK	162,000 (111,000, 184,000)	NK
Comoros	--	--	NK	--
Congo (Kinshasa)	NK	NK	NK	NK
Cote d'Ivoire	1.3 (0.0,7.1)	<500 (<500, <500)	NK	NG
Djibouti	NK	NK	NK	NK
Equatorial Guinea	--	--	NK	--
Eritrea	--	--	NK	--
Ethiopia	NK	NK	647,000 (410,000, 726,000)	NK
Gabon	NK	NK	124,000 (90,000, 129,000)	NK
Gambia	NK	NK	17,000 (10,000, 27,000)	NK
Ghana	30.1 (25.8,34.4)	NK	399,000 (305,000, 944,000)	NK
Guinea	NK	NK	NK	NK
Guinea-Bissau	--	--	NK	--
Kenya	12.3 (7.4,17.7)	4,000 (1,000, 7,500)	115,000 (42,500, 126,000)	3.3 (0.7,5.2)
Lesotho	--	--	NK	--
Liberia	NK	NK	NK	NK
Madagascar	4.2 (1.8,7.0)	500 (<500, 3,000)	56,000 (39,000, 81,000)	1.2 (0.0,5.1)
Malawi	NK	NK	NK	NK
Mali	NK	NK	NK	NK
Mauritania	--	--	NK	--
Mauritius	72.8 (68.8,76.7)	5,000 (1,500, 9,500)	NK	NG
Mozambique	50.3 (46.2,54.4)	14,500 (<500, 31,000)	NK	NG
Namibia	--	--	NK	--

Region and country	Prevalence of HCV viraemic infection among people with recent injecting drug use % (UI)	Number of people with recent injecting drug use living with HCV viraemic infection (UI)	Total population living with HCV viraemic infection (UI)	Proportion of people with recent injecting drug use among the total population with HCV viraemic infection % (UI)
Niger	NK	NK	NK	NK
Nigeria	4.3 (2.1,6.8)	NK	2,553,000 (1,902,000, 2,651,000)	NK
Rep. of the Congo	--	--	NK	--
Rwanda	NK	NK	NK	NK
Sao Tome & Principe	--	--	NK	--
Senegal	29.5 (22.9,36.3)	NK	NK	NK
Seychelles	31.5 (27.2,36.0)	500 (500, 500)	NK	NG
Sierra Leone	NK	NK	NK	NK
Somalia	NK	NK	NK	NK
South Africa	NK	NK	356,000 (227,000, 441,000)	NK
Swaziland	NK	NK	NK	NK
Togo	NK	NK	NK	NK
Uganda	NK	NK	NK	NK
United Rep. of Tanzania	20.8 (16.4,25.4)	71,500 (41,000, 108,000)	NK	NG
Zambia	NK	NK	NK	NK
Zimbabwe	NK	NK	NK	NK
<b>Middle East &amp; North Africa</b>				
Algeria	NK	NK	388,000 (140,000, 674,000)	NK
Bahrain	NK	NK	17,000 (11,000, 17,500)	NK
Cyprus	37.3 (32.9,41.8)	<500 (<500, <500)	NK	NG
Egypt	37.1 (26.7,47.5)	NK	5,625,000 (4,007,000, 6,044,000)	NK
Iraq	NK	NK	85,500 (60,500, 96,500)	NK
Israel	34.0 (28.3,39.9)	NK	100,000 (60,000, 103,000)	NK
Jordan	NK	NK	24,500 (10,500, 29,000)	NK
Kuwait	NK	NK	NK	NK
Lebanon	17.6 (10.5,25.2)	NK	7,500 (3,000, 18,000)	NK
Libyan Arab Jamahiriya	70.9 (66.4,75.2)	1,500 (500, 2,000)	41,500 (32,000, 43,000)	3.3 (1.7,5.5)
Morocco	40.4 (25.4,55.8)	12,500 (5,500, 21,000)	263,000 (190,000, 328,000)	4.7 (1.9,8.5)
Occ. Palestinian Terr.	31.2 (26.3,36.2)	NK	NK	NK
Oman	NK	NK	15,500 (12,000, 17,500)	NK
Qatar	NK	NK	37,500 (29,500, 40,000)	NK
Saudi Arabia	58.3 (53.7,63.0)	NK	106,000 (78,500, 190,000)	NK
South Sudan	--	--	NK	--
Sudan	NK	NK	NK	NK
Syrian Arab Rep.	2.5 (0.9,4.3)	NK	554,000 (245,000, 653,000)	NK
Tunisia	21.8 (19.0,24.7)	NK	108,000 (25,000, 123,000)	NK
Turkey	33.7 (30.7,36.7)	NK	492,000 (271,000, 763,000)	NK
United Arab Emirates	NK	NK	131,000 (50,000, 159,000)	NK
Yemen	NK	NK	211,000 (143,000, 258,000)	NK

## Notes:

-- Indicates no evidence located that injecting drug use was occurring in this country.

NK Indicates no estimate of prevalence of that HCV was located, yet evidence of injecting drug use occurring in that country was identified.

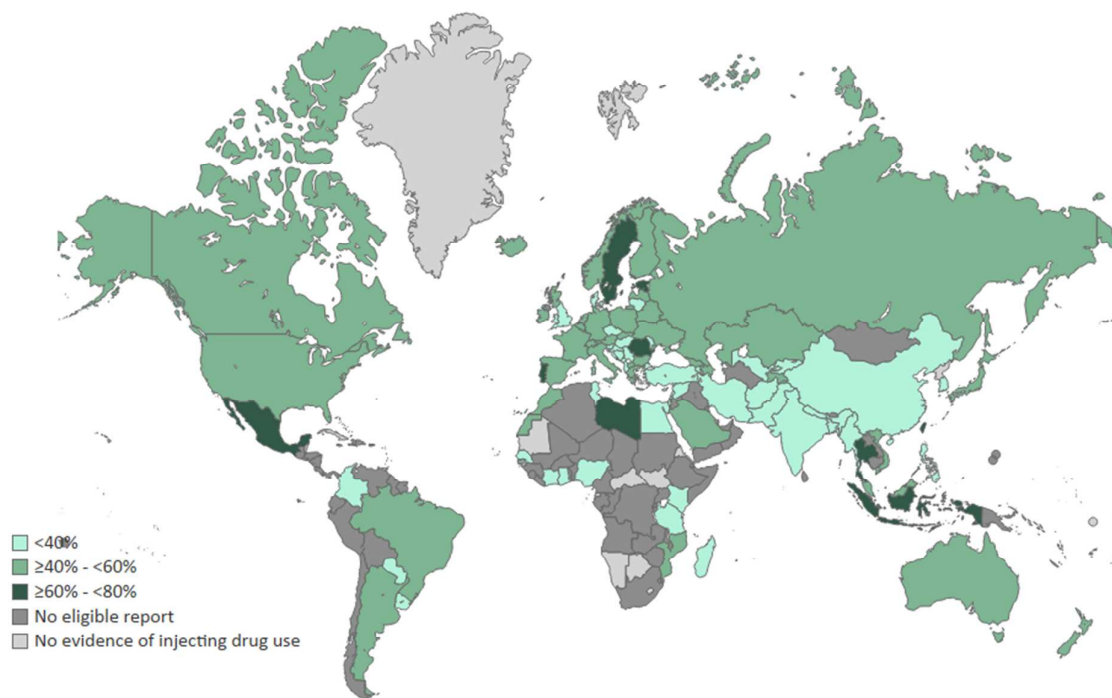
NR indicates that uncertainty was not estimated around the estimate.

NG Indicates that no estimate of HCV amongst the general population was available.

*Italic font* indicates that those uncertainty intervals were estimated in this review.

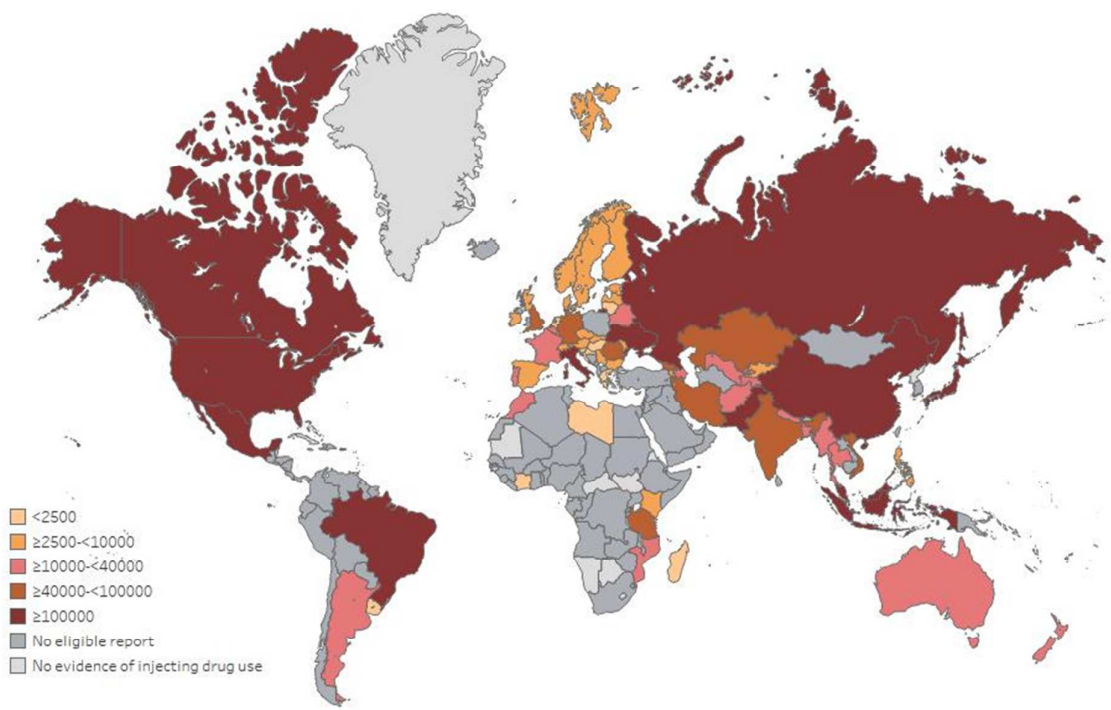
PWID – people who inject drugs; HCV – Hepatitis C virus; UI - uncertainty interval (see methods for details of estimation).

**Figure 1: Estimated prevalence of HCV viraemic infection among people with recent injecting drug use, by country**

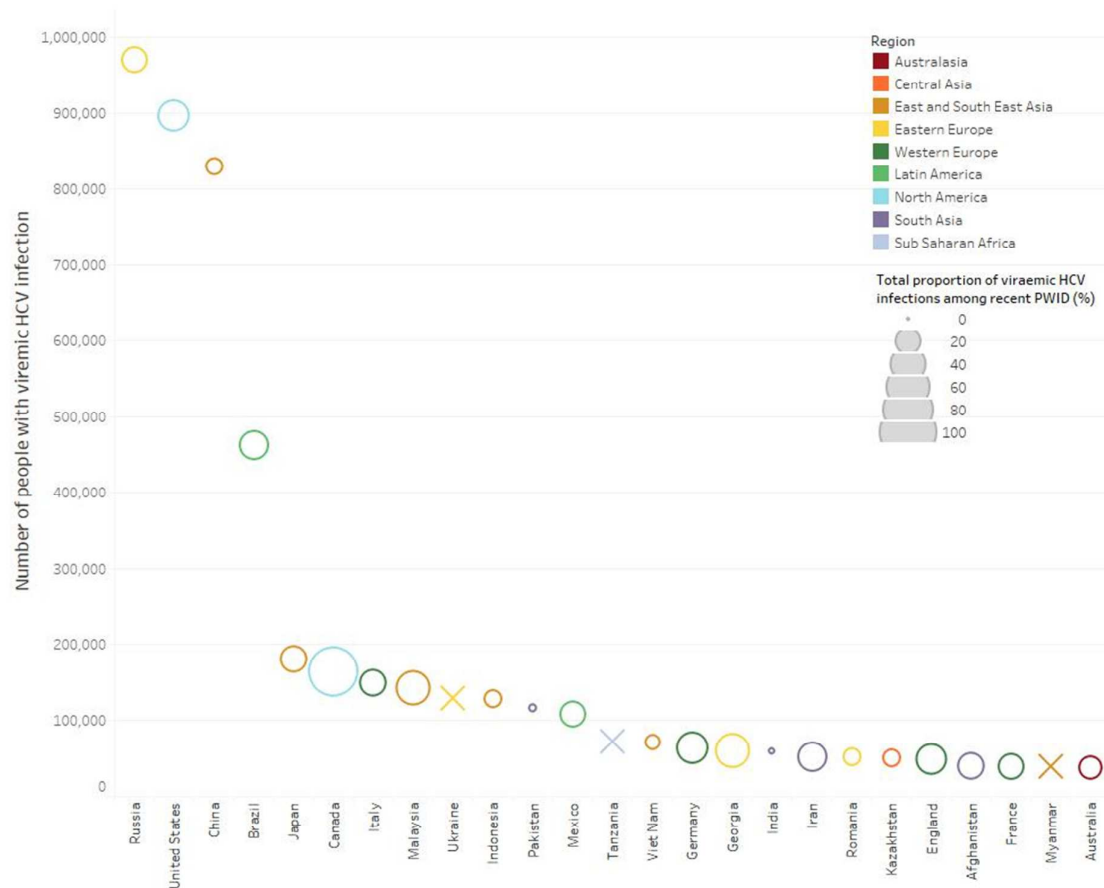




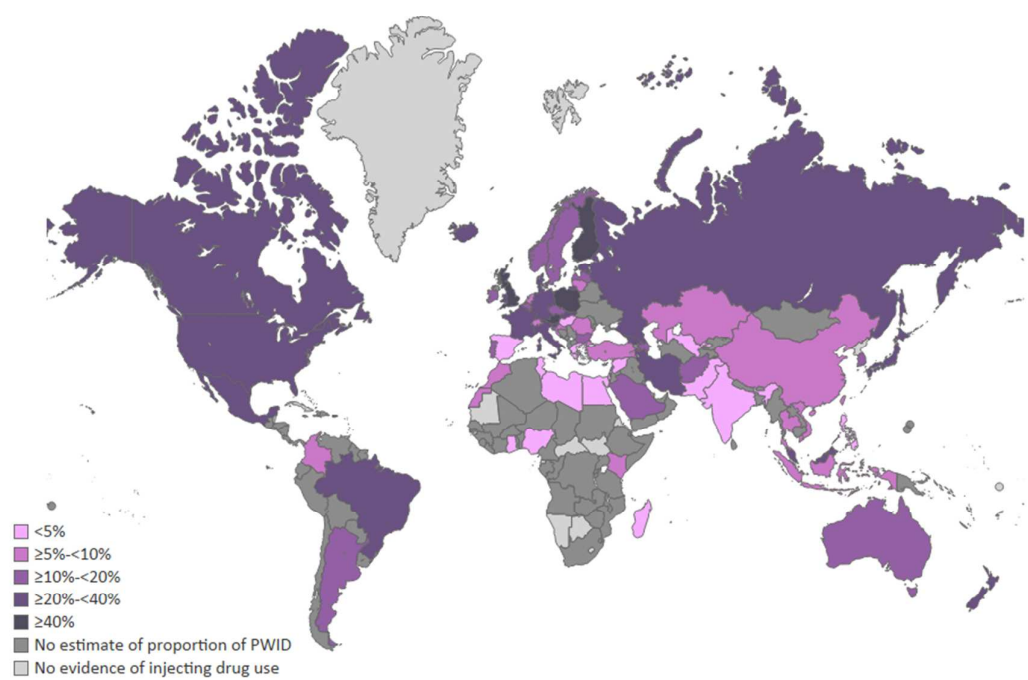
**Figure 2: Estimated number of people with recent injecting drug use living with HCV viraemic infection, by country**



**Figure 3: Countries with the greatest total number of people with HCV viraemic infection among people with recent injecting drug use globally.** The size of the bubble represents the total proportion of hepatitis C viraemic infections that among people with recent injecting drug use. An X indicates that data were not available to calculate the total proportion of viraemic HCV infections among people with recent injecting drug use.



**Figure 4: Estimated proportion of people with recent injecting drug use among the total population with HCV viraemic infection, by country**



Only

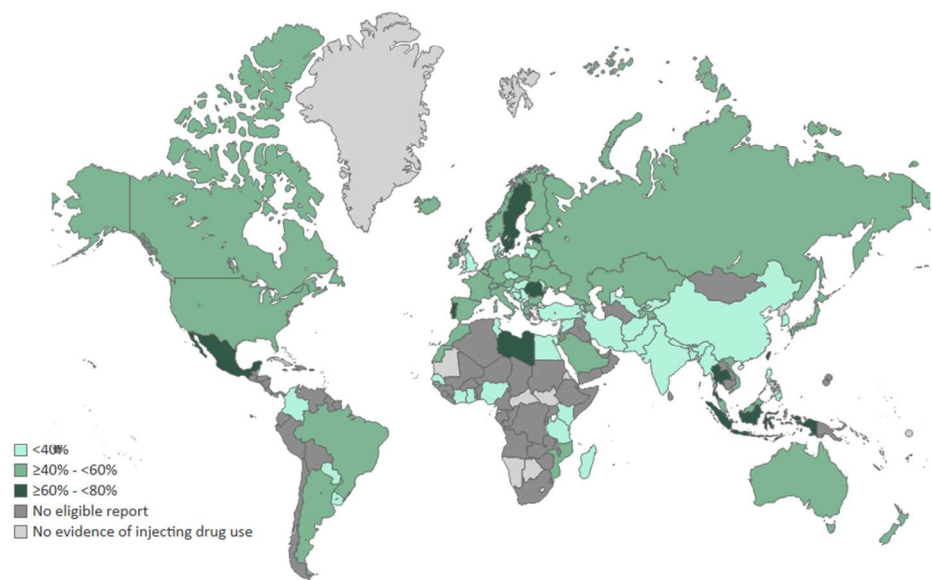


Figure 1

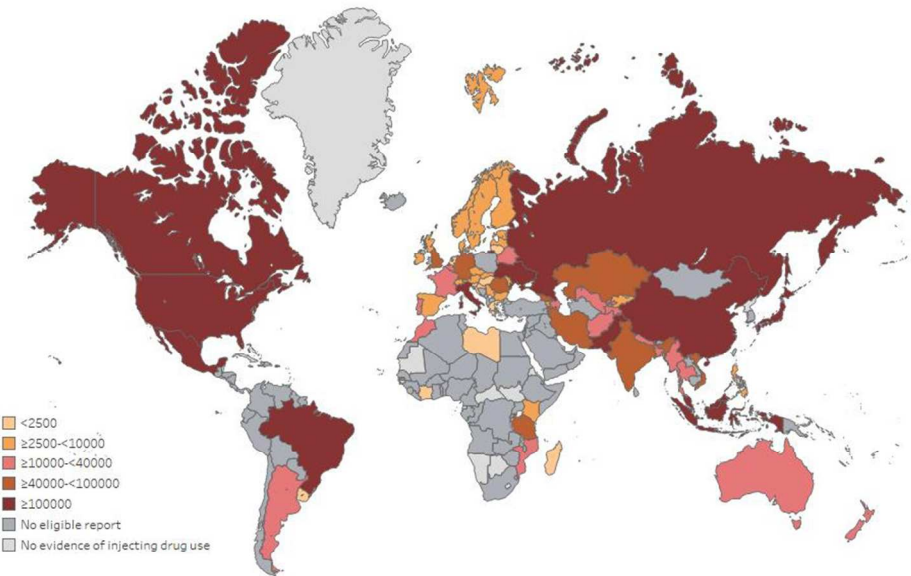


Figure 2

260x207mm (96 x 96 DPI)

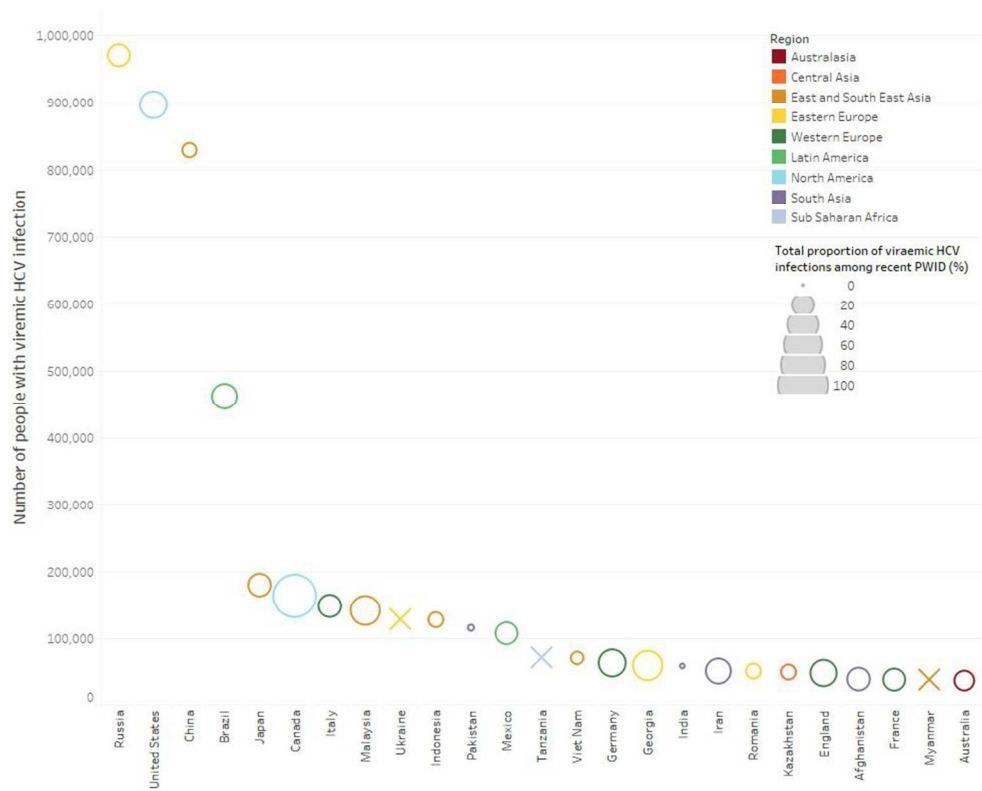


Figure 3

264x211mm (96 x 96 DPI)

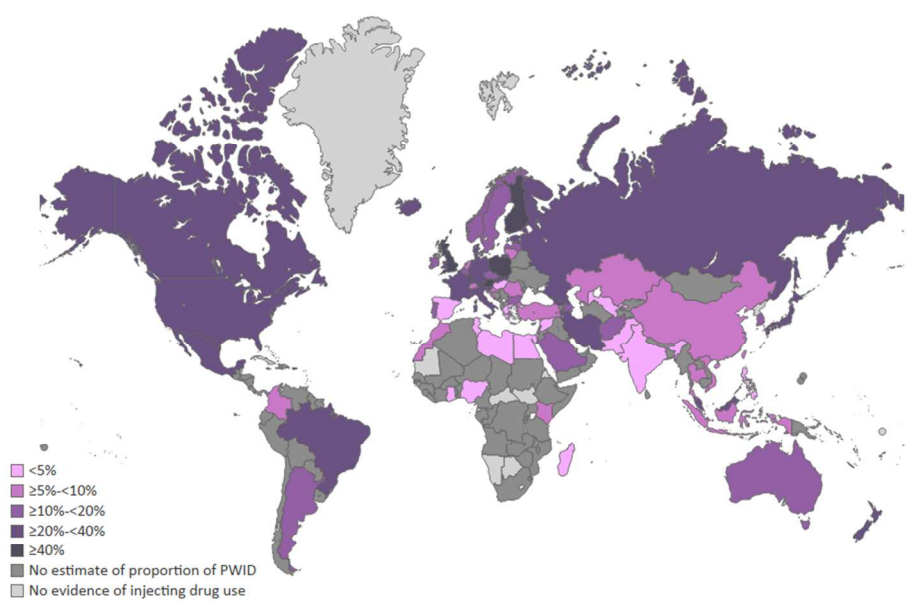


Figure 4